



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001679060		2. Exact name of the Corporation Bruno Chiropractic, Inc.			
3. Principal Office Address 1822 Mineral Spring Avenue		City North Providence		State RI	Zip 02904
3. NAICS Code 621310		4. Brief description of the character of business conducted in Rhode Island Chiropractor			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Erika I. Bruno			Vice-President Name David J. Bruno		
Street Address 1822 Mineral Spring Avenue			Street Address 1822 Mineral Spring Av		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Erika I. Bruno			Treasurer Name Erika I. Bruno		
Street Address 1822 Mineral Spring Avenue			Street Address 1822 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		100	Common	1.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Erika I. Bruno				Date APR 17 2024	
Signature of Authorized Representative <i>Erika Bruno</i>				BY <i>4862</i> 19	

MAIL TO:  
Division of Business Services  
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